

EXPRESS MAIL LABEL NO.

11-15-04

RE/3714 EV539901446US

PTO/SB/30 (10/2001)

Approved for use through 10/31/2002 OMB 0651-0031 4

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REQUEST **FOR CONTINUED EXAMINATION (RCE)** TRANSMITTAL

> Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

| Application Number | 09/910,520 |
|------------------------|------------------|
| Filing Date | July 20, 2001 |
| First Named Inventor | Samuel Farchione |
| Art Unit | 3714 |
| Examiner Name | Chanda L. Harris |
| Attorney Docket Number | FSP-10002/08 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1. Submission required under 37 CFR §1.114 a. ☑ Previously submitted i. ☑ Consider the amendment(s) referred to above will be entered). ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. ☐ Other b. ☐ Enclosed i. ☐ Amendment/Reply iii. ☐ Information Disclosure Statement (IDS ii. ☐ Affidavit(s)/Declaration(s) iv. ☐ Other 2. Miscellaneous a. ☐ Suspension of action on the above-identified application is requested under 37 CFF a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.1 b. ☐ Other 3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed. a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpation in Deposit Account No. 07-1180 i. ☒ RCE fee required under 37 CFR §1.17(e) ii. ☒ Extension of time fee (37 CFR §1.17(e) iii. ☐ Other b. ☒ Check in the amount of \$ 610.00 enclosed c. ☐ Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information she be included on this form. Provide credit card information and authorization on PTO-2036 enclosed) | R §1.103(c) for 7(i) required) yments, to 0044 09910520 395.00 0P | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | |
| Name (Print / Type) Mark D. Sofineider Registration No. (Attorney / Agent) | 43,906 | |
| Signature Date 11/11/Zcc0 | | |
| CERTIFICATE OF MAILING OR TRANSMISSION | | |
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| | # 14 A | |

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